

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

Check if different  
than previously  
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

08

17

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

This report corrects Line 11a(i) Col B.

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 99

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	681385.49
(b) Cash on Hand at Beginning of Reporting Period .....	571174.25	
(c) Total Receipts (from Line 19) .....	121896.59	276640.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	693070.84	958025.71
7. Total Disbursements (from Line 31) .....	67411.72	332366.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	625659.12	625659.12
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	6	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	111033.32	246755.76
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	9904.02	22417.62
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	120937.34	269173.38
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	120937.34	269173.38
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	959.25	7466.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	121896.59	276640.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	121896.59	276640.22

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1411.72	7050.09	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1411.72	7050.09	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66000.00	262500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	58704.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	4112.50	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	4112.50	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	67411.72	332366.59	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67411.72	332366.59	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	120937.34	269173.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4112.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	120937.34	265060.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1411.72	7050.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1411.72	7050.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

David Abramson

Mailing Address 70 East 66th Street

City

New York

State

NY

Zip Code

10065-6528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW506736

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Sharron Acosta

Mailing Address Eye Associates of Seguin  
128 S Moss Street Suite 300

City

Seguin

State

TX

Zip Code

78155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: 1OSYDX675834

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

John Aljian

Mailing Address 25 Johnson Avenue

City

Englewood Cliffs

State

NJ

Zip Code

07632-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0844611

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Omar Almallah

Mailing Address 20 Mule Road

City

Toms River

State

NJ

Zip Code

08755-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW528824

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Daniel Alter

Mailing Address Suite 640  
1875 Dempster Street

City

Park Ridge

State

IL

Zip Code

60068-1179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 9

Transaction ID: 1W284Y232684

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Chad Anderson

Mailing Address Suite 1  
1811 W Royal Hunte Drive

City

Cedar City

State

UT

Zip Code

84720-8274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0612413

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 9 / 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Manek Anklesaria

Mailing Address Suite 307

2325 S Harvard Avenue

City

Tulsa

State

OK

Zip Code

74114-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0751993

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Pablo Miguel Arregui

Mailing Address 605 W East Avenue

City

Chico

State

CA

Zip Code

95926-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9C1512378

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Todd Auker

Mailing Address Auker Eye Inst

2324 Santa Rita Road Suite 7

City

Pleasanton

State

CA

Zip Code

94566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9C1107791

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Harold Ballitch

Mailing Address 1991 Park Avenue W

City

Mansfield

State

OH

Zip Code

44906-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 9

Transaction ID: 1W284Y182821

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Charles Baltimore

Mailing Address 639 W 15th Street

City

Washington

State

NC

Zip Code

27889-3526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7207685

Amount of Each Receipt this Period

485.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Ray Balyeat

Mailing Address Suite 400  
2000 S Wheeling Avenue

City

Tulsa

State

OK

Zip Code

74104-5641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW105147

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2485.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Francine Baran

Mailing Address 4340 Northeast 55th Street

City

Seattle

State

WA

Zip Code

98105-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0986416

Amount of Each Receipt this Period

240.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

William Bearden

Mailing Address 400 Westhampton Station

City

Richmond

State

VA

Zip Code

23226-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D5678313

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Michael Belin

Mailing Address 4232 W Summer Ranch Place

City

Marana

State

AZ

Zip Code

85658-4741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0677469

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Meena Beri

Mailing Address Suite 217

5050 Northeast Hoyt Street

City

Portland

State

OR

Zip Code

97213-2980

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D5156372

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Christopher Blodi

Mailing Address Suite 133

1501 50th Street

City

West Des Moines

State

IA

Zip Code

50266-5920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7643568

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

James Bobrow

Mailing Address 121 Hunter Avenue

Suite 102

City

Clayton

State

MO

Zip Code

63124-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0855581

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Steven Bodine

Mailing Address Retina Consultations  
915 Palmer Road

City State Zip Code  
Bronxville NY 10708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0111494

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

John Bormes

Mailing Address 12932 Ironwood Drive

City State Zip Code  
Aberdeen SD 57401-8106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOF685278

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Paul Brailsford

Mailing Address Suite 303  
801 N Tustin Avenue

City State Zip Code  
Santa Ana CA 92705-3601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8277151

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

James Braun

Mailing Address 114 Country Club

City

Hot Springs

State

AR

Zip Code

71901-8034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0374796

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Zeb Brister, Jr.

Mailing Address 1145 S Utica Avenue Suite 162

City

Tulsa

State

OK

Zip Code

74104-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0523345

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Jill Brody

Mailing Address McDonough Eye Assoc  
505 E Grant Street

City

Macomb

State

IL

Zip Code

61455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7557576

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

G. Edward Bryant, Jr.

Mailing Address 303 W Polk Avenue

City

West Memphis

State

AR

Zip Code

72301-4262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7026116

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Miles Burke

Mailing Address 10475 Montgomery Rd. Suite 4-F

City

Cincinnati

State

OH

Zip Code

45242-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 9

Transaction ID: 1W284Y051443

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

William Cain

Mailing Address 1920 Pickens Street

City

Columbia

State

SC

Zip Code

29201-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 9

Transaction ID: 1W284Y492681

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Carlton

Mailing Address 732 Main Street

City

Manchester

State

CT

Zip Code

06040-5106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0353068

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Ronald Caronia

Mailing Address Floor 3  
360 Merrick Road

City

Lynbrook

State

NY

Zip Code

11563-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0189115

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Bruce Carter

Mailing Address 1101 E Jefferson Street Suite 3

City

Charlottesville

State

VA

Zip Code

22902-5353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 9

Transaction ID: 4L9WNJ829883

Amount of Each Receipt this Period

310.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Brent Chalmers

Mailing Address 1306 Division Street

City

Oregon City

State

OR

Zip Code

97045-1523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D1726637

Amount of Each Receipt this Period

260.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

David Chang

Mailing Address Suite 1  
762 Altos Oaks Drive

City

Los Altos

State

CA

Zip Code

94024-5435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW492117

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Joseph Chappell, Jr.

Mailing Address 610 Brunson Drive

City

Tupelo

State

MS

Zip Code

38801-4947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7657159

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Donald Cinotti

Mailing Address 600 Pavonia Avenue  
6th Floor

City State Zip Code  
Jersey City NJ 07306-2932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 4832842B6FD272B02241

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

S. William Clark, III

Mailing Address 502 Isabella Street

City State Zip Code  
Waycross GA 31501-3638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 9

Transaction ID: 4E29AC71AAC4639AA45E

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Christopher Coad

Mailing Address Chelsea Eye Assoc Llp  
157 West 19th Street

City State Zip Code  
New York NY 10011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0726878

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

766.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

John Colombo

Mailing Address 22835 Kelly Road

City

Eastpointe

State

MI

Zip Code

48021-2073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7929436

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

James Conahan

Mailing Address Suite 220  
9330 S University Boulevard

City

Highlands Ranch

State

CO

Zip Code

80126-5049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW025929

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Loran Cook

Mailing Address Suite 204  
1055 N 300 W

City

Provo

State

UT

Zip Code

84604-3374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW585426

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Curtis Cornelius

Mailing Address 26 Calle Del Sol

City

Placitas

State

NM

Zip Code

87043-9209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOR034412

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Frank Cotter

Mailing Address PO Box 1789

City

Roanoke

State

VA

Zip Code

24008-1789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8956811

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Gregory Cox

Mailing Address Building No2  
2 Hamilton Health Place

City

Hamilton

State

NJ

Zip Code

08690-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0755224

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Keith Dahlhauser

Mailing Address Suite 101

1703 S Meridian

City

Puyallup

State

WA

Zip Code

98371-7590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 7QV9C5753623

Amount of Each Receipt this Period

750.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Martha Damaske Snearly

Mailing Address 8055 Twin Oaks Drive

City

Broadview Heights

State

OH

Zip Code

44147-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0511547

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Richard Davenport

Mailing Address Suite 204

2424 S 90th Street

City

West Allis

State

WI

Zip Code

53227-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0191222

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1615.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Day

Mailing Address 8401 Golden Valley Road #330

City

Golden Valley

State

MN

Zip Code

55427-4488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8225812

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Steven Dixon

Mailing Address Suite 7  
1111 E Ocean Avenue

City

Lompoc

State

CA

Zip Code

93436-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0381141

Amount of Each Receipt this Period

620.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Daniel Drysdale

Mailing Address 3645 S Main Street

City

Blacksburg

State

VA

Zip Code

24060-7018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7224273

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1870.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

William Durant

Mailing Address 950 Ryland Street

City

Reno

State

NV

Zip Code

89502-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0741432

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Shehab Ebrahim

Mailing Address 4717 Woodland Avenue

City

Metairie

State

LA

Zip Code

70002-1361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 9

Transaction ID: 11A7E7C56B0C41913C9

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Malcolm Edwards

Mailing Address 1240 Colonial Commons Court

City

Lancaster

State

SC

Zip Code

29720-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 7QV9C5222946

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

965.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Nancy Efferson-Bonachea

Mailing Address 37 Barrington Drive

City

Bedford

State

NH

Zip Code

03110-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	9	

Transaction ID: 1OSYDX103425

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Dion Ehrlich

Mailing Address Suite 103  
7500 Central Avenue

City

Philadelphia

State

PA

Zip Code

19111-2431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	9	

Transaction ID: 0533074

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Richard Eiferman

Mailing Address Suite 220  
6400 Dutchmans Parkway

City

Louisville

State

KY

Zip Code

40205-3368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	9	

Transaction ID: GHJUP7157987

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1365.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Anthony Evangelista

Mailing Address Arlington Ophth Assoc  
3025 Matlock Road

City State Zip Code  
Arlington TX 76015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0830156

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Suzanne Everhart

Mailing Address 211-D England Street

City State Zip Code  
Ashland VA 23005-2086

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D1553661

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

C. Byron Faulkner

Mailing Address 4804 S Bellhurst Avenue

City State Zip Code  
Springfield MO 65804-7594

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7249833

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

William Fein

Mailing Address Suite 200

415 N Crescent Drive

City

Beverly Hills

State

CA

Zip Code

90210-6812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 7QV9C5424553

Amount of Each Receipt this Period

210.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Robert Feldman

Mailing Address 160 Boston Avenue

City

Altamonte Springs

State

FL

Zip Code

32701-4706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW355516

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Claus Fichte

Mailing Address 4202 Lower River Road

City

Youngstown

State

NY

Zip Code

14174-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8365385

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

960.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Foote

Mailing Address Suite 209

1900 N Oregon Street

City

El Paso

State

TX

Zip Code

79902-3380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOL156723

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Mark Fritz

Mailing Address 212 N Larkin Avenue

City

Joliet

State

IL

Zip Code

60435-6604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 7QV9C5294404

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Luther Fry

Mailing Address 310 E Walnut Street

City

Garden City

State

KS

Zip Code

67846-5572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0110271

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Gretchen Fuerste

Mailing Address 20922 Country Squire Lane

City

Dubuque

State

IA

Zip Code

52001-8002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D1982833

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Nicoletta Fynn-Thompson

Mailing Address 44 Rustic Street

City

Newton

State

MA

Zip Code

02458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 9

Transaction ID: 8024857E-AB8E-4620-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ilona Genis

Mailing Address 3039 Ocean Parkway

City

Brooklyn

State

NY

Zip Code

11235-8370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 9

Transaction ID: 1W284Y111258

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Gieser

Mailing Address 2015 North Main Street

City

Wheaton

State

IL

Zip Code

60187-3152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8806791

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Walter Gilbert

Mailing Address 1820 Barrs Street Suite 122

City

Jacksonville

State

FL

Zip Code

32204-4755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7637317

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

William Gillum

Mailing Address 1519 E Sixth Street

City

Weslaco

State

TX

Zip Code

78596-6605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7585739

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Gold

Mailing Address Suite L10

55-15 Little Neck Parkway

City

Little Neck

State

NY

Zip Code

11362-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0832057

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Roy Goodart

Mailing Address 6545 S Canyon Cove Drive

City

Salt Lake City

State

UT

Zip Code

84121-6340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0213288

Amount of Each Receipt this Period

620.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Robert Green, Jr.

Mailing Address Suite 400

414 Navarro Street

City

San Antonio

State

TX

Zip Code

78205-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0078341

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Christopher Greer

Mailing Address PO Box 3528

City

Fort Smith

State

AR

Zip Code

72913-3528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 9

Transaction ID: 4L9WNJ531588

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Bruce Grossnickle

Mailing Address 2251 Dubois Drive

City

Warsaw

State

IN

Zip Code

46580-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0738555

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Michelle Guevarra

Mailing Address 59B Nichols Road

City

Nesconset

State

NY

Zip Code

11767-2094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D5834837

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Carter Gussler

Mailing Address Suite 140

613 23rd Street

City

Ashland

State

KY

Zip Code

41101-2876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW441616

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

John Hagan

Mailing Address Suite 200

9401 N Oak Trafficway

City

Kansas City

State

MO

Zip Code

64155-3393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8622667

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

David Harris, Jr.

Mailing Address Suite 324

1928 Alcoa Highway

City

Knoxville

State

TN

Zip Code

37920-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8043253

Amount of Each Receipt this Period

1365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Christopher Haupt

Mailing Address Suite 133

1501 50th Street

City

West Des Moines

State

IA

Zip Code

50266-5920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOF255293

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Richard Hawkins

Mailing Address 1729 New Hanover Medical Park Driv

City

Wilmington

State

NC

Zip Code

28403-5345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 9

Transaction ID: 48AD88F6D323D12798FE

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Russell Hayhurst

Mailing Address Suite 303

901 W 38th Street

City

Austin

State

TX

Zip Code

78705-1162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0776278

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

915.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

John Hazelton

Mailing Address 4803 Saint Johns Place

City

Murrells Inlet

State

SC

Zip Code

29576-6808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 7QV9C5038581

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Kathryn Hecker-Magee

Mailing Address 3003 Steepleton Colony Court

City

Greensboro

State

NC

Zip Code

27410-9275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0757634

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Bernhard Heersink

Mailing Address Suite 1  
21 Highland Avenue

City

Newburyport

State

MA

Zip Code

01950-3873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 7QV9C5392736

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Heier

Mailing Address Suite 600

50 Staniford Street

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW479012

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Hertz

Mailing Address Suite 105

79 Wawecus Street

City

Norwich

State

CT

Zip Code

06360-2173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOL578153

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Gary Hirshfield

Mailing Address Suite 110

176 - 60 Union Turnpike

City

Fresh Meadows

State

NY

Zip Code

11366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8728342

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 36 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

William Holcomb, III

Mailing Address Suite 410

1890 Highway 157

City

Cullman

State

AL

Zip Code

35058-0689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8787268

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Marc Holzman

Mailing Address Suite 416

2021 K Street Northwest

City

Washington

State

DC

Zip Code

20006-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW046460

Amount of Each Receipt this Period

350.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address Suite 600

50 Staniford Street

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 9

Transaction ID: 4D9991010C3C0BE74B39

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

1131.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Ip

Mailing Address 3420 Viburnum Drive

City

Madison

State

WI

Zip Code

53705-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0853599

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Edward Jaeger

Mailing Address Suite 800  
840 Walnut Street

City

Philadelphia

State

PA

Zip Code

19107-5109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7262742

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Johanna Jensen

Mailing Address Suite A  
1615 12th Avenue Road

City

Nampa

State

ID

Zip Code

83686-6184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 9

Transaction ID: 4L9WNZ134137

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 99

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Eric Johnson

Mailing Address 204B Allandale Road

City

Chestnut Hill

State

MA

Zip Code

02467-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	9

Transaction ID: 7QV9CW134195

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Leonard Alan Johnson

Mailing Address 950 Ryland Street

City

Reno

State

NV

Zip Code

89502-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	9

Transaction ID: 0087517

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Emilio Justo

Mailing Address 19052 N Rh Johnson Boulevard

City

Sun City West

State

AZ

Zip Code

85375-4401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	9

Transaction ID: 7QV9CW411317

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1230.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Ward Kalenak

Mailing Address Suite 600

2600 N Mayfair Road

City

Milwaukee

State

WI

Zip Code

53226-1374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: 1OSYDX342652

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Kaplan

Mailing Address Suite 106

4699 Main Street

City

Bridgeport

State

CT

Zip Code

06606-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8540147

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Joseph Kavanagh

Mailing Address Eye Associates of Sequin

128 S Moss Street Suite 300

City

Sequin

State

TX

Zip Code

78155-5127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: 1OSYDX841143

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Curtin Kelley

Mailing Address Suite 320

262 Neil Avenue

City

Columbus

State

OH

Zip Code

43215-7311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOL182710

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Michael Kelly

Mailing Address # 200

10321 Lumley Road

City

Raleigh

State

NC

Zip Code

27617-8640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0426291

Amount of Each Receipt this Period

485.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Robert Kennedy

Mailing Address 1675 Providence Avenue

City

Schenectady

State

NY

Zip Code

12309-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0136674

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

William Kilpatrick

Mailing Address 7550 E 2nd Street

City

Scottsdale

State

AZ

Zip Code

85251-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D1480384

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

James Kinsey

Mailing Address 1101 Erie Boulevard East

City

Syracuse

State

NY

Zip Code

13210-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOR556113

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Steven Koenig

Mailing Address 30 E 40th Street

City

New York

State

NY

Zip Code

10016-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW108594

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephen Kondash

Mailing Address Suite 300

2841 Boudinot Avenue

City

Cincinnati

State

OH

Zip Code

45238-2496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW665448

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Marvin Kraushar

Mailing Address 509 East Broad Street

City

Westfield

State

NJ

Zip Code

07090-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOF942998

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Ronald Krueger

Mailing Address Cleveland Clinic Fdn

9500 Euclid Avenue Desk I32

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOF226157

Amount of Each Receipt this Period

620.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Barbara Kuczynski

Mailing Address Suite B

330 E 14 Mile Road

City

Clawson

State

MI

Zip Code

48017-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0765918

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Kristine Kunesh-Part

Mailing Address 2601 Far Hills Avenue

City

Dayton

State

OH

Zip Code

45419-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOL339534

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Henry Kwong

Mailing Address 607 Rue De Brille

City

New Iberia

State

LA

Zip Code

70563-2169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0803778

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa Lane

Mailing Address 5790 N Camino De La Sombra

City

Tucson

State

AZ

Zip Code

85718-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 0 9

Transaction ID: 4ABE827DDE1F05677581

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Stephen Lane

Mailing Address Suite 840  
280 Smith Avenue N

City

St. Paul

State

MN

Zip Code

55102-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 9

Transaction ID: 8CPWC1042244

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Mark Latina

Mailing Address Suite 203  
20 Pondmeadow Drive

City

Reading

State

MA

Zip Code

01867-3261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW356353

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1465.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jerry Lehmann

Mailing Address 3129 College Street

City

Beaumont

State

TX

Zip Code

77701-4660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9C1554331

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Rick Leoni

Mailing Address Suite A  
203 Rue Louis XIV

City

Lafayette

State

LA

Zip Code

70508-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0304631

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Jason Levine

Mailing Address 5790 N Camino De La Sombra

City

Tucson

State

AZ

Zip Code

85718-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: 4E5E96F0D45A7B67F4B5

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Andrew Lewis

Mailing Address 102 Dawn Place

City

Yorktown

State

VA

Zip Code

23693-3628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP772321

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Monique Leys

Mailing Address PO Box 9193

City

Morgantown

State

WV

Zip Code

26506-9193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8624540

Amount of Each Receipt this Period

485.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Douglas Litchfield

Mailing Address 2033 W Harbor Drive

City

Bismarck

State

ND

Zip Code

58504-8913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D1333156

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1215.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Loewenthal

Mailing Address 44650 Delco Boulevard

City

Sterling Heights

State

MI

Zip Code

48313-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0959522

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Gerald Loushin

Mailing Address 8642 Upland Lane N

City

Maple Grove

State

MN

Zip Code

55311-1561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW374834

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Robert Lytle

Mailing Address Suite 5  
51 Main Street

City

Hyannis

State

MA

Zip Code

02601-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0375363

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Mackool

Mailing Address 31-27 41st Street

City

Astoria

State

NY

Zip Code

11103-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8134024

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Macy

Mailing Address 8635 W 3rd Street Suite 360W

City

Los Angeles

State

CA

Zip Code

90048-6149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8147559

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Steven Madreperla

Mailing Address 628 Cedar Lane

City

Teaneck

State

NJ

Zip Code

07666-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0035499

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

William Mallon

Mailing Address 3500 US 1

City

Vero Beach

State

FL

Zip Code

32960-4511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0882682

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Mark Mandel

Mailing Address 1237 B Street

City

Hayward

State

CA

Zip Code

94541-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9C1818726

Amount of Each Receipt this Period

1365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Thomas Manzo

Mailing Address 1329 E High Street

City

Pottstown

State

PA

Zip Code

19464-4949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D1789152

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Jones Marioneaux

Mailing Address Suite 108

300 Medical Parkway

City

Chesapeake

State

VA

Zip Code

23320-4985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 9

Transaction ID: 4L9WNZ126217

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

John Marquardt

Mailing Address 116 Andros Road

City

Key Largo

State

FL

Zip Code

33037-5204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7138048

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Raul Masvidal

Mailing Address 250 Southwest Le Jeune Road

City

Miami

State

FL

Zip Code

33134-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW211633

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas Mauger

Mailing Address 456 W 10th Avenue

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0261728

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Bobby McCullen

Mailing Address Suite A  
2325 Aberdeen Boulevard

City

Gastonia

State

NC

Zip Code

28054-0642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW249975

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

David McCullough

Mailing Address 33 King Street

City

Stratford

State

CT

Zip Code

06615-5849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9C1372158

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1865.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Desmond McGuire

Mailing Address Suite 220

1401 N Tustin Avenue

City

Santa Ana

State

CA

Zip Code

92705-8689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 9

Transaction ID: 1W284Y846873

Amount of Each Receipt this Period

620.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Fred McMillan

Mailing Address Suite 503

1421 N State Street

City

Jackson

State

MS

Zip Code

39202-1658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0274643

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Thomas Meheles

Mailing Address 350 Sawgrass Court

City

Holland

State

OH

Zip Code

43528-9210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D1649056

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Calvin Mein

Mailing Address 9480 Huebner Road  
Suite 310

City State Zip Code  
San Antonio TX 78240-1657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9C1078337

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Robert Melendez

Mailing Address 735 Grey Hawk Drive Northeast

City State Zip Code  
Rio Rancho NM 87144-4709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOF484118

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Travis Meredith

Mailing Address 5113 Bioinformatics Building, Cb#7

City State Zip Code  
Chapel Hill NC 27599-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOL811647

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Douglas Merritt

Mailing Address 1226 Northeast Seventh Street

City

State

Zip Code

Grants Pass

OR

97526-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7994283

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Aaron Miller

Mailing Address Suite 4  
13414 Medical Complex Drive

City

State

Zip Code

Tomball

TX

77375-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 9

Transaction ID: EC8FA597D52F80D3434

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Mitchell

Mailing Address 1 Stadium Drive

City

State

Zip Code

Morgantown

WV

26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOL032325

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Sanford Moretsky

Mailing Address 2125 West Indian School Road

City

Phoenix

State

AZ

Zip Code

85015-4908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: 10SYDX158631

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Craig Morgan

Mailing Address 1611 13th Avenue

City

Huntington

State

WV

Zip Code

25701-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0364419

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Paul Moyer

Mailing Address 520 Bruton Circle

City

Kettering

State

OH

Zip Code

45429-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW757693

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)  
George Nardin

Mailing Address Suite 214  
407 Uluniu Street

City State Zip Code  
Kailua HI 96734-2537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0488147

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Marietta Nelson

Mailing Address 2800 N Tenaya Way  
Suite 102

City State Zip Code  
Las Vegas NV 89128-1100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7515682

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Ngoc Nguyen

Mailing Address Suite 300  
2380 Montpelier Drive

City State Zip Code  
San Jose CA 95116-1620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7273561

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Carolyn Oesterle

Mailing Address 2015 N Main Street

City

Wheaton

State

IL

Zip Code

60187-3152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 7QV9C5405708

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Michael Orr

Mailing Address 8103 Clearvista Parkway

City

Indianapolis

State

IN

Zip Code

46256-5628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0614415

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Gregory Panzo

Mailing Address 2037 Crooked Lake Estates Lane

City

Eustis

State

FL

Zip Code

32726-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0286455

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Harpreet Nini Patheja

Mailing Address 110 Pepper Hill Way

City

Aiken

State

SC

Zip Code

29801-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8727229

Amount of Each Receipt this Period

620.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

George Patterson

Mailing Address Suite 316  
8218 Wisconsin Avenue

City

Bethesda

State

MD

Zip Code

20814-3107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0214543

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Larry Patterson

Mailing Address 15 Iris Lane

City

Crossville

State

TN

Zip Code

38555-7528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0327468

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1485.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Maria Patterson

Mailing Address 12690 W North Avenue

City

Brookfield

State

WI

Zip Code

53005-4636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW630342

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Ralph Paylor

Mailing Address 502 East New Haven Avenue

City

Melbourne

State

FL

Zip Code

32901-5427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D1708536

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

William Penland

Mailing Address 1020 W Buena Vista Road

City

Evansville

State

IN

Zip Code

47710-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0546483

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Rodolfo Perez

Mailing Address 1519 E 6th Street

City

Weslaco

State

TX

Zip Code

78596-6605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7956402

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Todd Perkins

Mailing Address Suite 206  
2870 University Avenue

City

Madison

State

WI

Zip Code

53705-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0352628

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Bryan Phillips

Mailing Address 3807 Royal Portrush Drive

City

Naperville

State

IL

Zip Code

60564-5916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8117671

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 61 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

John Pollack

Mailing Address Illinois Retina Associates  
300 Barney Dr., Suite D

City State Zip Code  
Joliet IL 60435

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8083256

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

David Ranz

Mailing Address 171 Heritage Park Drive

City State Zip Code  
Murfreesboro TN 37129-1573

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0881504

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Annette Reda

Mailing Address Suite 101  
885 Kempsville Road

City State Zip Code  
Norfolk VA 23502-3800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9C1289131

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 62 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

George Reiss

Mailing Address Suite F101

6677 W Thunderbird Road

City

Glendale

State

AZ

Zip Code

85306-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 9

Transaction ID: 4L9WOJ898451

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Dale Reynolds

Mailing Address Unit 104

2330 Troop Drive

City

Sartell

State

MN

Zip Code

56377-4531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0217381

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Martin Richler

Mailing Address Suite 212

20 Hope Avenue

City

Waltham

State

MA

Zip Code

02453-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 7QV9C5289131

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 63 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jesse Rigsby

Mailing Address Suite 103

834 N Seminary Street

City

Galesburg

State

IL

Zip Code

61401-2897

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0455258

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Fane Robinson

Mailing Address 550 Washington Street

Suite 723

City

San Diego

State

CA

Zip Code

92103-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8112816

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

John Rosculet

Mailing Address 906 Windward Court

City

Neenah

State

WI

Zip Code

54956-4276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0257334

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Harvey Rosenblum

Mailing Address 220 Madison Avenue

City

New York

State

NY

Zip Code

10016-3422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0537771

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Melvin Rothberger

Mailing Address 575 Kings Highway

City

Brooklyn

State

NY

Zip Code

11223-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0137464

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

E. Ronald Salvitti

Mailing Address Southwestern Pa Eye Center  
750 E Beau Street

City

Washington

State

PA

Zip Code

15301-6661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0076323

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 65 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Steven Samuelson

Mailing Address 2827 N Clarkson Street

City

Fremont

State

NE

Zip Code

68025-7714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW484730

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Daniel Schaefer

Mailing Address 4590 Main Street

City

Buffalo

State

NY

Zip Code

14226-4548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7014252

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Bradley Scharf

Mailing Address 8 Magnolia Drive

City

Rye Brook

State

NY

Zip Code

10573-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8684463

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

965.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 66 / 99

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Schultze

Mailing Address 49 North Street

City

Delmar

State

NY

Zip Code

12054-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0852963

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Elwin Schwartz

Mailing Address Suite 100  
400 Saybrook Road

City

Middletown

State

CT

Zip Code

06457-4774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOL850205

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Gary Schwartz

Mailing Address 9105 Edinburgh Lane

City

Saint Paul

State

MN

Zip Code

55125-9191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0139195

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Scott

Mailing Address 515 Sunset Ridge

City

Dubuque

State

IA

Zip Code

52003-7762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D1636249

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Christian Serdahl

Mailing Address 4925 J Street

City

Sacramento

State

CA

Zip Code

95819-3828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW845732

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Mark Shapiro

Mailing Address 1311 North Elm Street

City

Greensboro

State

NC

Zip Code

27401-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0813085

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Hayne Sheffield

Mailing Address Suite 4

13414 Medical Comp Drive

City

State

Zip Code

Tomball

TX

77375-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7756093

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Peter Shelley

Mailing Address Suite A3

32123 1st Avenue S

City

State

Zip Code

Federal Way

WA

98003-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0296712

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

David Shulman

Mailing Address Suite 127

999 E Basse Road

City

State

Zip Code

San Antonio

TX

78209-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: 4E149083E00B274FE6E1

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

830.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

R. Michael Siatkowski

Mailing Address 608 Stanton L Young Boulevard

City

Oklahoma City

State

OK

Zip Code

73104-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0751415

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

John Simon

Mailing Address Suite 202  
1220 New Scotland Road

City

Slingerlands

State

NY

Zip Code

12159-9386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7085877

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Daniel Smith

Mailing Address 110 Pepper Hill Way

City

Aiken

State

SC

Zip Code

29801-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8473318

Amount of Each Receipt this Period

620.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 70 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephen Smith

Mailing Address 4225 Evans Avenue

City

Fort Myers

State

FL

Zip Code

33901-9311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 0 9

Transaction ID: 1W284Y123581

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Neal Snebold

Mailing Address Suite 301  
1900 Crown Colony Drive

City

Quincy

State

MA

Zip Code

02169-0979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0130174

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Rand Spencer

Mailing Address 3612 Overbrook Drive

City

Dallas

State

TX

Zip Code

75205-4327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0863262

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Gerald Spindel

Mailing Address Suite 101

6 Tsienneto Road

City

Derry

State

NH

Zip Code

03038-1584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0307387

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Mitchell Brian Stein

Mailing Address 69 S Moger Avenue

City

Mount Kisco

State

NY

Zip Code

10549-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8596751

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Wells Stewart

Mailing Address 177 Parkwood Drive

City

Elkin

State

NC

Zip Code

28621-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOL828836

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jonathan Stock

Mailing Address 703 14th Street

City

Baraboo

State

WI

Zip Code

53913-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0421992

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Domenic Strazzulla

Mailing Address Suite 1A1  
500 Congress Street

City

Quincy

State

MA

Zip Code

02169-0917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 7QV9C5815432

Amount of Each Receipt this Period

620.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Brad Stuckenschneider

Mailing Address 3398 Legacy Drive

City

Poplar Bluff

State

MO

Zip Code

63901-8661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthamologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0754939

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1870.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Shigemi Sugiki

Mailing Address 1380 Lusitana Street Suite 714

City

Honolulu

State

HI

Zip Code

96813-2443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0120111

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Mark Szal

Mailing Address Suite 1600  
248 Pleasant Street

City

Concord

State

NH

Zip Code

03301-2588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: 7QV9C5321022

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Gareth Tabor

Mailing Address Suite 240  
27 S State Street

City

Lake Oswego

State

OR

Zip Code

97034-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0131382

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1615.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Leiv Takle

Mailing Address 646 South Eighth Street

City

Griffin

State

GA

Zip Code

30224-4214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOL764575

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

James Tammaro

Mailing Address Suite 102  
40 Capri Boulevard

City

Lake Havasu City

State

AZ

Zip Code

86403-5661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8412685

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Gary Tanner

Mailing Address 109 Crosspointe Court

City

Yorktown

State

VA

Zip Code

23693-5581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 41838A0BAD0454686E3

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 75 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Frank Stephen Teed

Mailing Address 2914 Cypress Drive

City

Arkadelphia

State

AR

Zip Code

71923-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOF654484

Amount of Each Receipt this Period

1365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Kevin Toller

Mailing Address PO Box 450400

City

Grove

State

OK

Zip Code

74345-0400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 0 9

Transaction ID: 1W284Y423212

Amount of Each Receipt this Period

1500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Alfredo Trevino

Mailing Address 1006 East Hillside Road

City

Laredo

State

TX

Zip Code

78041-3287

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOL234978

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

3365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 76 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Peter Utrata

Mailing Address Suite 320

262 Neil Avenue

City

Columbus

State

OH

Zip Code

43215-7311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7373278

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Gerard Henderik Van Rens

Mailing Address 1801 Nh Medical Park Drive

City

Wilmington

State

NC

Zip Code

28403-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: A010927EF18706BC5AF

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

William Wagnon

Mailing Address Angelina Eye Center

2801 S John Redditt Dr. Suite B

City

Lufkin

State

TX

Zip Code

75904-5666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0416885

Amount of Each Receipt this Period

850.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1715.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Walker

Mailing Address Suite 300

7900 W Jefferson Boulevard

City

State

Zip Code

Fort Wayne

IN

46804-4128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW127661

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Floyd Warren

Mailing Address 530 First Avenue Suite 3-B

City

State

Zip Code

New York

NY

10016-6402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUOL521933

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

William Waterhouse

Mailing Address Suite 7

2478 Patterson Road

City

State

Zip Code

Grand Junction

CO

81505-1266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8515162

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Aaron Weingeist

Mailing Address 3934 S Americus Street

City

Seattle

State

WA

Zip Code

98118-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: 435F9379FB4E852A8B14

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Andrew Wherley

Mailing Address 2399 Baker Road Southwest

City

New Philadelphia

State

OH

Zip Code

44663-7104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8518763

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

William White

Mailing Address Suite 405  
1004 Carondelet Drive

City

Kansas City

State

MO

Zip Code

64114-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4CODZ8884372

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Whitman

Mailing Address Suite 400

2801 Lemmon Avenue

City

Dallas

State

TX

Zip Code

75204-2399

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D5777869

Amount of Each Receipt this Period

400.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Wayne Whitmore

Mailing Address 116 E 68th Street

City

New York

State

NY

Zip Code

10065-5955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7683284

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Brian Wnorowski

Mailing Address Suite 206

530 Lakehurst Road

City

Toms River

State

NJ

Zip Code

08755-8063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW263494

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

James J. Wong

Mailing Address 102 East Avenue

City

Norwalk

State

CT

Zip Code

06851-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7881053

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

George Wyhinny

Mailing Address 1875 W Dempster

City

Park Ridge

State

IL

Zip Code

60068-1186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 9

Transaction ID: 1W284Y470211

Amount of Each Receipt this Period

620.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Alyson Yashar

Mailing Address 21 Arrowhead Lane

City

Saddle River

State

NJ

Zip Code

07458-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 0375988

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1485.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Young

Mailing Address 1214 West A Street

City

North Platte

State

NE

Zip Code

69101-4695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7114641

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

David Deok Yu

Mailing Address Suite 340  
10 Congress Street

City

Pasadena

State

CA

Zip Code

91105-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW364750

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Chi-Wah (Rudy) Yung

Mailing Address 5124 Green Braes East Drive

City

Indianapolis

State

IN

Zip Code

46234-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW454581

Amount of Each Receipt this Period

310.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Marco Zarbin

Mailing Address 26 Sunset Drive

City

Chatham

State

NJ

Zip Code

07928-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9CW492762

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Paul Zimmerman

Mailing Address 2800 3rd Street

City

Rapid City

State

SD

Zip Code

57701-7374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: GHJUP7827241

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Harry Zink

Mailing Address 3519 Friendsville Road

City

Wooster

State

OH

Zip Code

44691-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 7QV9D5354875

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

111033.32

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 99

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 101 S Marengo Avenue  
3rd Floor

City	State	Zip Code
Pasadena	CA	91101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5545.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	9	

Transaction ID: FA243229B6F4A7C6A87

Amount of Each Receipt this Period

959.25

CD interest - Jun09

SUBTOTAL of Receipts This Page (optional) .....

959.25

TOTAL This Period (last page this line number only) .....

959.25

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 99

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City  
San Francisco

State  
CA

Zip Code  
94163

Purpose of Disbursement  
Bank charges - 6/09

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2B7680C56909F314D49

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

939.00

**B.**

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City  
San Francisco

State  
CA

Zip Code  
94163

Purpose of Disbursement  
AMEX discount - 6/09

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** B24E02C7D80F6535691

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

472.72

**SUBTOTAL** of Disbursements This Page (optional) .....

1411.72

**TOTAL** This Period (last page this line number only) .....

1411.72

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 99

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Andy Harris for Congress	<b>Transaction ID:</b> 24660-6380121111869 <b>Date of Disbursement</b>
Mailing Address PO Box 1527	<div> <div>06</div> <div>22</div> <div>2009</div> </div>
City Annapolis State MD Zip Code 21404	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution 2010 Primary	<div>1000.00</div>
Candidate Name Andrew P. Harris	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 01	
<b>B.</b> Full Name (Last, First, Middle Initial) Bill Cassidy for Congress	<b>Transaction ID:</b> 35840-3506585955619 <b>Date of Disbursement</b>
Mailing Address 8550 United Plaza Blvd. Suite 1001	<div> <div>06</div> <div>19</div> <div>2009</div> </div>
City Baton Rouge State LA Zip Code 70809	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name William Cassidy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06	
<b>C.</b> Full Name (Last, First, Middle Initial) Blaine for Congress 2010	<b>Transaction ID:</b> 35840-1217004656791 <b>Date of Disbursement</b>
Mailing Address PO Box 1526	<div> <div>06</div> <div>19</div> <div>2009</div> </div>
City Columbia State MO Zip Code 65205	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name Blaine Luetkemeyer	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 09	

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 99

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Bocchieri for Congress	<b>Transaction ID:</b> 13539-9164850115776 <b>Date of Disbursement</b>
Mailing Address PO Box 3016	<div> <div>06</div> <div>23</div> <div>2009</div> </div>
City Alliance State OH Zip Code 44601	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name John A. Bocchieri	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Cap Pac	<b>Transaction ID:</b> 80307-8296319842338 <b>Date of Disbursement</b>
Mailing Address 38 Ivy St SE	<div> <div>06</div> <div>19</div> <div>2009</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2010 Primary	<div>2500.00</div>
Candidate Name Cap Pac	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Boustany Jr Md for Congress, Inc	<b>Transaction ID:</b> 35840-2952691912651 <b>Date of Disbursement</b>
Mailing Address PO Box 80126	<div> <div>06</div> <div>19</div> <div>2009</div> </div>
City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name Charles W. Boustany, Jr.	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**4500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 99

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc	<b>Transaction ID:</b> 80307-2618982195854 <b>Date of Disbursement</b>
Mailing Address PO Box 549 PO Box 549	<div> <div>06</div> <div>19</div> <div>2009</div> </div>
City Napoleonville State LA Zip Code 70390	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name Charlie Melancon	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ciro Rodriguez for Congress	<b>Transaction ID:</b> 80307-5089380145072 <b>Date of Disbursement</b>
Mailing Address PO Box 14528	<div> <div>06</div> <div>19</div> <div>2009</div> </div>
City San Antonio State TX Zip Code 78214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name Ciro D. Rodriguez	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	<b>Transaction ID:</b> 13539-2254907488822 <b>Date of Disbursement</b>
Mailing Address PO Box 127	<div> <div>06</div> <div>23</div> <div>2009</div> </div>
City Cheshire State CT Zip Code 06410	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution 2010 Primary	<div>1000.00</div>
Candidate Name Christopher S. Murphy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	<b>Transaction ID:</b> 13865-83526247739792 <b>Date of Disbursement</b>																				
Mailing Address PO Box 127	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
City Cheshire State CT Zip Code 06410	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Check voided Candidate Name Christopher S. Murphy	<table border="1"> <tr> <td colspan="10">-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
<b>B.</b> Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	<b>Transaction ID:</b> 99086-2413293719291 <b>Date of Disbursement</b>																				
Mailing Address PO Box 127	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
City Cheshire State CT Zip Code 06410	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution Candidate Name Christopher S. Murphy	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
<b>C.</b> Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee	<b>Transaction ID:</b> 35840-7671319842338 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2008	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Murfreesboro State TN Zip Code 37133	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution Candidate Name Bart Gordon	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee	<b>Transaction ID:</b> 35840-0487481951713 <b>Date of Disbursement</b>																				
Mailing Address PO Box 47025	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City State Zip Code St. Petersburg FL 33743	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name C.W. Bill Young	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: FL District: 10 <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	<b>Transaction ID:</b> 80307-9004327654838 <b>Date of Disbursement</b>																				
Mailing Address 6380 Wilshire Blvd. #1612	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City State Zip Code Los Angeles CA 90048	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Henry A. Waxman	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CA District: 30 <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	<b>Transaction ID:</b> 13865-44523257017136 <b>Date of Disbursement</b>																				
Mailing Address 6380 Wilshire Blvd. #1612	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
City State Zip Code Los Angeles CA 90048	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Check voided	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Henry A. Waxman	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Driehaus for Congress	<b>Transaction ID:</b> 13539-6688196063041 <b>Date of Disbursement</b>																				
Mailing Address 650 Fox Trails Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
City Cincinnati State OH Zip Code 45233	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Steven L. Driehaus	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Engel for Congress	<b>Transaction ID:</b> 80307-4342767596244 <b>Date of Disbursement</b>																				
Mailing Address 462 California Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Bronxville State NY Zip Code 10708	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Eliot L. Engel	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid	<b>Transaction ID:</b> 23188-4094507098197 <b>Date of Disbursement</b>																				
Mailing Address PO Box 19163	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	0	9												
City Las Vegas State NV Zip Code 89132	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Harry M. Reid	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Bill Posey Mailing Address PO Box 360877	<b>Transaction ID:</b> 35840-7846948504448 <b>Date of Disbursement</b> <div> <div>06</div> <div>19</div> <div>2009</div> </div>
City Melbourne State FL Zip Code 32936 Purpose of Disbursement 2010 Primary Contribution Candidate Name Bill Posey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: FL District: 15	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln Mailing Address PO Box 3197 City Little Rock State AR Zip Code 72203 Purpose of Disbursement 2010 Primary Contribution Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: AR District:	<b>Transaction ID:</b> 35840-2404443621635 <b>Date of Disbursement</b> <div> <div>06</div> <div>19</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy Mailing Address 151 Linden Road City Mineola State NY Zip Code 11501 Purpose of Disbursement Check voided Candidate Name Carolyn McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: NY District: 04	<b>Transaction ID:</b> 13865-16402834653854 <b>Date of Disbursement</b> <div> <div>06</div> <div>23</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-2500.00</div> <div>011</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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PAGE 92 / 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Glenn Nye	<b>Transaction ID:</b> 80307-3054162859916 <b>Date of Disbursement</b>
Mailing Address PO Box 68444	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 9</div> </div>
City Virginia Beach State VA Zip Code 23471	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
Purpose of Disbursement 2010 Primary Contribution	<div>011</div>
Candidate Name Glenn C. Nye	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of John Tanner	<b>Transaction ID:</b> 80307-2109643816947 <b>Date of Disbursement</b>
Mailing Address Post Office Box 1994 Post Office Box 1994	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 9</div> </div>
City Union City State TN Zip Code 38281	<b>Amount of Each Disbursement this Period</b> <div>1500.00</div>
Purpose of Disbursement 2010 Primary Contribution	<div>011</div>
Candidate Name John S. Tanner	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Lois Capps	<b>Transaction ID:</b> 35840-9297906756401 <b>Date of Disbursement</b>
Mailing Address PO Box 23940	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 9</div> </div>
City Santa Barbara State CA Zip Code 93121	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
Purpose of Disbursement 2010 Primary Contribution	<div>011</div>
Candidate Name Lois Capps	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign	<b>Transaction ID:</b> 80307-1296045184135 <b>Date of Disbursement</b>																				
Mailing Address PO Box 16128	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Houston State TX Zip Code 77222	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution 2010 Primary Candidate Name Gene Green	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Giffords for Congress	<b>Transaction ID:</b> 35840-1517602801322 <b>Date of Disbursement</b>																				
Mailing Address PO Box 12886	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
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0	6		1	9		2	0	0	9												
City Tucson State AZ Zip Code 85732	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution Candidate Name Gabrielle Giffords	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Glacier Pac	<b>Transaction ID:</b> 80307-6916772723198 <b>Date of Disbursement</b>																				
Mailing Address 3242 Cummins Way Suite 603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Missoula State MT Zip Code 59802	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution 2014 Primary Candidate Name Glacier Pac	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Kirk for Senate	<b>Transaction ID:</b> 80307-5210382342338 <b>Date of Disbursement</b>																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Winnetka State IL Zip Code 60093	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Mark Steven Kirk	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: IL District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Kirkpatrick for Arizona	<b>Transaction ID:</b> 35840-5757562518119 <b>Date of Disbursement</b>																				
Mailing Address PO Box 993	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Prescott State AZ Zip Code 86302	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Ann Kirkpatrick	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: AZ District: 01																					
<b>C.</b> Full Name (Last, First, Middle Initial) Majority Initiative To Keep Electing Republicans Fund A.K.A Mike R Fund	<b>Transaction ID:</b> 35840-1485711932182 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2485	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Springfield State VA Zip Code 22152	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Majority Initiative To Keep Electing Republicans Fund A.K.A Mike R Fund	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: Contribution																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Maloney for Congress	<b>Transaction ID:</b> 23188-3360711932182 <b>Date of Disbursement</b>
Mailing Address 49 East 92nd Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name Carolyn B. Maloney	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mary Bono Mack Committee	<b>Transaction ID:</b> 35840-9865991473198 <b>Date of Disbursement</b>
Mailing Address PO Box 3370	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 9</div> </div>
City Palm Springs State CA Zip Code 92263	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name Mary Bono Mack	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) McNerney for Congress	<b>Transaction ID:</b> 13539-9236261248588 <b>Date of Disbursement</b>
Mailing Address 6520 Village Parkway Second Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 9</div> </div>
City Dublin State CA Zip Code 94568	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name Gerald McNerney	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Nelson 2012 Mailing Address PO Box 8666	<b>Transaction ID:</b> 80307-0257226824760 <b>Date of Disbursement</b> <div> <div>06</div> <div>19</div> <div>2009</div> </div>
City Omaha State NE Zip Code 68108 Purpose of Disbursement Contribution 2012 Primary Candidate Name E. Benjamin Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee Aka Ndc Pac Mailing Address 607 14th Street NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Contribution Candidate Name New Democrat Coalition Political Action Committee Aka Ndc Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	<b>Transaction ID:</b> 13539-1222497820854 <b>Date of Disbursement</b> <div> <div>06</div> <div>23</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Pascrell for Congress Mailing Address PO Box 640 City Totowa State NJ Zip Code 07511 Purpose of Disbursement 2010 Contribution Candidate Name William J. Pascrell, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 08	<b>Transaction ID:</b> 80307-0136834979057 <b>Date of Disbursement</b> <div> <div>06</div> <div>19</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Broun Committee	<b>Transaction ID:</b> 80307-1609918475151 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1512	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Athens State GA Zip Code 30601	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution Candidate Name Paul Broun, Jr.	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011																				
<b>B.</b> Full Name (Last, First, Middle Initial) Rangel for Congress	<b>Transaction ID:</b> 82178-5187341570854 <b>Date of Disbursement</b>																				
Mailing Address PO Box 5577 Manhattanville Sta	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City New York State NY Zip Code 10027	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution Candidate Name Charles B. Rangel	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011																				
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Burr Committee; the	<b>Transaction ID:</b> 80307-2014734148979 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 5928	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Winston-Salem State NC Zip Code 27113	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution Candidate Name Richard M. Burr	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Tim Bishop for Congress	<b>Transaction ID:</b> 35840-1977807879447 <b>Date of Disbursement</b>																				
Mailing Address PO Box 437	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Farmingville State NY Zip Code 11738	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Timothy H. Bishop	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Murphy for Congress	<b>Transaction ID:</b> 13539-6916467547416 <b>Date of Disbursement</b>																				
Mailing Address PO Box 24551	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
City Pttsburgh State PA Zip Code 15234	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Timothy F. Murphy	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee	<b>Transaction ID:</b> 80307-2988092303276 <b>Date of Disbursement</b>																				
Mailing Address PO Box 11586	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Washington State DC Zip Code 20008	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Tuesday Group Political Action Committee	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>7000.00</td> </tr> </table>	7000.00																			
7000.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Yarmuth for Congress

Mailing Address 1819 Brownsboro Road  
Suite 100

City State Zip Code  
Louisville KY 40202

Purpose of Disbursement  
2010 Primary Contribution

Candidate Name  
John A. Yarmuth

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 35840-0824090838432

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

66000.00